

**Catawba County Emergency Medical Services**

**Denial of Request for Amendment to Protected Health Information**

[PLACE DATE HERE]

Dear [INSERT NAME OF REQUESTOR]:

We have reviewed your request for amendment to the protected health information of [INSERT NAME OF PATIENT]. Please be advised that we must deny your request to amend this information at this time.

The basis for this denial is:

You have the right to submit a written statement to us if you disagree with our denial of your request. You may file your statement directly with our privacy officer, [INSERT NAME] at the address listed above.

If you do not submit a statement disagreeing with our decision to deny your amendment request, you may request that we provide your initial request for amendment and a copy of our denial of your request with any future disclosures of the protected health information (PHI) that was the subject of your request for denial.

You also have the right to file a complaint with us or with the federal government if you disagree with our decision to deny your request to amend your PHI. We have enclosed a copy of our Complaint Procedure, which outlines the steps you need to take to file either a complaint with us, or a complaint with the federal government.

Sincerely,

David Weldon, Director  
Catawba County Emergency Services